2001	UNIFORM BUSI		FILED		eline eline e l'est de l'est e			
DOCUMENT # N28910 1. Entity Name HARVARD CLUB OF THE WEST COAST OF FLORIDA, INC.					May 01, 2001 08:00 AM Secretary of State			
			<u>-</u>					
Principal Plac 11911 SKYLAF		Mailing Address 11911 SKYLAKE PLACE	-	-				
TEMPLE TER 33617	RACE FL US	TEMPLE TERRACE 33617	US	FL				
•	Place of Business	3. Mailing Address 4417 W. SAN CARLOS STREET						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·	DO NOT WRITE IN	THIS SPACE	
City & State	e FL	City & State	F	FL.	4. FEI Number 59-2909962	· -	-	Applied For
Zip 33629	Country us	Zip 33629	Country		5. Certificate of Sta	atus Desired	\$8.75 ^	dditional
	6. Name and Address of Current I	Registered Agent			7. Name and Add	ress of New Regist	ered Agent	
WOTOVICH STEVE				me IOMAS	STACEY LMRS	_		
11911 SKYLAKE PLACE				Street Address (P.O. Box Number is Not Acceptable) 4417 W. SAN CARLOS STREET				
TEMPLE T	ERRACE FI	L	- 11	· · · · · · · · · · · · · · · · · · ·	ICOS STIGET		<u> </u>	
33617	US		Cit	-			FL Zip Co	qe
8. The above	named entity submits this statement for	the purpose of changing its re		MPA ice or register	ed agent, or both, in t	the state of Florida	33629	
	•		9	.				
SIGNATURE .	STACEY L. SERAFIN	I THOMAS				05	5/01/2001	
SIGNA, OFIE ,	Signature, typed or printed name of registered agent a		Registered Agent	t signature required	when reinstating)		DATE	
	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contributi	~ -		0 May Be to Fees		eck Payable ment of State	
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANGI	S TO OFFICERS A	NO DIRECTORS	N 10
TITLE	D	X Delete	TITLE				☐ Change	
NAME	GILBERT GORDON		NAME				_	
STREET ADDRESS CITY-ST-ZIP	500 PASADENA AVE SOUTH	FL 33707	STREET ADD	I				
TITLE	SAINT PETERSBURG D		G111-31-21					
NAME	ן ט	i I Calata	7171 5				N Chann	
STREET ADDRESS	THAYER A B	<u></u> □ Delete	TITLE NAME	D GILBE	ERT GORDON	 .	∑ Change	☐ Addition
	THAYER A B FT KING HWY, P O BOX 429 N/A	∟ Delete	TITLE NAME STREET ADD	GILBE	ERT GORDON SADENA AVENUE S		Xi Change	☐ Addition
CITY-ST-ZIP		↓ Delete	NAME	GILBE FRESS 500 PA		OUTH	Change	☐ Addition
TITLE	FT KING HWY, P O BOX 429 N/A THONOTOSASSA D		NAME STREET ADD CITY-ST-ZII TITLE	GILBE 500 PA P SAINT D	ASADENA AVENUE S PETERSBURG	OUTH		
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TITLE NAME STREET ADDRESS	FT KING HWY, P O BOX 429 N/A THONOTOSASSA D	FL	NAME STREET ADD CITY-ST-ZII TITLE	GILBE 500 PA SAINT D PAVAL PAVAL 4414 V	SADENA AVENUE S PETERSBURG N REED V. DALE AVENUE	OUTH	FL 33707	
TITLE	FT KING HWY, P O BOX 429 N/A THONOTOSASSA D GRAHAM D A 614 W BAY STREET	FL Delete	NAME STREET ADD CITY-ST-ZII TITLE NAME STREET ADD CITY-ST-ZII	GILBE 500 PA SAINT D PAVAL PAVAL 4414 V	SADENA AVENUE S PETERSBURG N REED V. DALE AVENUE	OUTH	FL 33707 \text{X} Change	. ☐ Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TAMPA

CITY-ST-ZIP

SIGNATURE: Stacey L. Serafini Thomas

FL 33606

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TAMPA

05/01/2001

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